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CONFIRMATION NO. 4828

<b>SERIAL NUMBER</b> 10/510,314	<b>FILING OR 371(c) DATE</b> 10/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1619	<b>ATTORNEY DOCKET NO.</b> JAB 1705
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP03/03324 03/28/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

**ADDRESS**  
27777

## TITLE

STATIN THERAPY FOR ENHANCING COGNITIVE MAINTENANCE

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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